



## CRF TRANSMITTAL FORM Safety Reporting

Send completed copy of CRF pages to NHSBT-CSU, Long Road, Cambridge, CB2 2PT  
Or Fax +44 (0)1223 588 136  
Or Email: [planet2@nhsbt.nhs.uk](mailto:planet2@nhsbt.nhs.uk)

Clinical Trial Name	Planet 2
Subject Trial Number	
Site Name	

The following forms only require completion if applicable. In the case of Major / Severe Bleed forms, SAE forms and Serious platelet transfusion related event forms, transmission must occur within 24 hours of knowledge of the event. Please confirm transmission with an email to [planet2@nhsbt.nhs.uk](mailto:planet2@nhsbt.nhs.uk)

Date CRFs sent to CSU (DD/MM/YY):

Form Number	Form Title	Date of Event (Repeat pages only) DD/MM/YY	CRFs sent to NHSBT-CSU? Y / N / N/A	Comment (CRFS not sent)
13a	Major / Severe Bleed	Event date:		
13b	Major / Severe Bleed (cont)			
13c	Major / Severe Bleed (cont)			
14a	SAE	Event date:		
14b	SAE Narrative			
15	Serious Platelet Transfusion Related AE	Event date:		

### NHSBT-CSU Confirmation of Receipt

Role	Name (Print)	Signature	Date CRF receipt checked	Comments

Data Manager to contact site directly to confirm receipt of CRF pages